0) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8.
<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/18/2015
<202>	Total Mobility Fund Support Awarded	151800.0
<203>	Total Mobility Fund Support Disbursed	50600.0
<204>	Support Applied to Network Design	778.43
<205>	Support Applied to Construction	
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	O
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	○ ●
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_ KY .pdf
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	{Name of PDF attached}
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	7
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	1
<217>	Project Plan Status	✓

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OM8
	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients					
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form car	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

[102] Certification - Agent / Carrier	PCC Form 690
	Approved by OMB
	OM8 Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Todd Slamowitz is authorized to submit the information reported on behalf of the reporting carrier. Iso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.						
Name of Authorized Agent: Todd Slamowitz						
Name of Reporting Carrier: East Kentucky Network, LLC						
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/18/2014					
Printed name of Authorized Officer: Michael Huffman						
Title or position of Authorized Officer: Financial Operations Direct	r					
Telephone number of Authorized Officer: 6068747550 ext.164						
Study Area Code of Reporting Carrier: 268013	Filing Due Date for this form: 07/31/2014					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File A	innual Reports for Mobility Fund R	ecipients on Behalf of Re	eporting Carrier
I, as agent for the reporting carrier, certify that I am authorized to submi reported herein based on data provided by the reporting carrier; and, to			사람들은 아무리는 사람이 사람들이 아니는 아니는 아니는 아니는 아니는 아니는 아니는 아니다.
Name of Reporting Carrier: Rast Kentucky Network, LLC			
Name of Authorized Agent or Employee of Agent: Todd Slamowitz			
Signature of Authorized Agent or Employee of Agent: CERTIFIED OF	NLINE		Date: 07/18/2014
Printed name of Authorized Agent or Employee of Agent: Todd Slam	nowitz		
Title or position of Authorized Agent or Employee of Agent PCC Legal	Counsel		None in
Telephone number of Authorized Agent or Employee of Agent: 7035841	8678 ext.		
Study Area Code of Reporting Carrier: 268013	Filing Due Date for this form:	07/31/2014	

Attachments

(060) Coverage and Performance Report	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185

<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<al></al>	ca25	<a3></a3>	chia	<b2></b2>	<tab></tab>	cols (I	<c2></c2>	<c35< th=""><th><d><</d></th><th><e></e></th><th> th</th></c35<>	<d><</d>	<e></e>	 th
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
KY	Magoffin	0000	0	0	0	0.0	0.0	0.0	Yes		
	-										
											-
				*:							-

Percentage of	
Total Population	
Reached by	
Service	

0			

Percentage of Total
Road Miles covered
by Service

0		

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide advanced wireless broadband service, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 3G service. Specifically, utilizing the 850 MHz, 1900 MHz, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 3G. Further, installation of new cell sites and the overlay of 3G will enable Filer to meet its public interest obligations to provide rural Kentucky citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and is in the process of constructing its network. Filer anticipates that it will deploy the network in the areas associated with this study code by no later than the construction deadline of July 18, 2015.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

East Kentucky Network, LLC. has not yet deployed its network with respect to the SAC associated with this filing. Further, it has not undertaken any drive tests during the reporting period.

	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	268014	
	Study Area Name	East Kentucky Network, LLC	ACCEPTED/FILED
<020>	Program Year	2014	JUL 23 2014
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
NAME OF TAXABLE PARTY.	AND THE STATE OF T	The recommendation of the second seco	
			(check box when complete)
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>u)</u> <040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>
	code Care the Study Area Code (SAC) for the Fo	491 vanastina	40432
	<042> Cite the Study Area Code (SAC) for the Fo	in 401 reporting	<042>
	<043> Cite the date of the Form 481 reporting		<043>
<050>	Carrier Contact Information (has the contact info. cha	nged since prior filing? Yes or No)	<u>O</u> •
		(If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	$\circ \circ$
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications <101> Reporting Carrier Certification (comp.	lete attached certification)	<101>
	<102> Agent Certification (compl	lete attached certification)	<102>
	Notice to Individuals Required by the Paperwork Red OMB Control Number 3060-1185 (Annual Report for Notice to Individuals Required by the Paperwork Red Public reporting burden for this collection of informathe instructions, look through existing records, gathe have any comments on this estimate, or on how we communications Commission, Office of Managing Diplease DO NOT SEND COMPLETED FORMS TO THIS ALL SENDERS OF THE POWER TO THIS ALL SENDERS OF THE POWER TO THE POWER T	Mobility Fund Phase I Support, FCC Form 6 uction Act of 1995 tion is estimated to average 18 hours per r r and maintain required data, and actually can improve the collection and reduce the rector, AMD-PERM, Washington, DC 2055 DDRESS. You are not required to respond	esponse. Our estimate includes the time to read complete and review the form or response. If you burden it causes you, please write the Federal Paperwork Reduction Act Project (3060-1185). to a collection of information sponsored by the

and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		268014	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this d		Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identified in		7035848678 ext.	
<039>	Contact Email Address - Email Address of person identified in	n data line <030>	tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number			
<111>	Filing Carrier Name			
	Supplied to the supplied of th			
<112>	Winning Bidder Carrier Name			
<113>	Street Address (or PO Box)			
<114>	City			
<115>	State			
<116>	Zip-Code			
<117>	Telephone Number			
<118>	Fax Number			
<119>	Email Address			
<pre><120> <121> <122> <122> <123> <124> <125> <126> <127> <126> <127> <127> <128></pre>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address			
	d Agent Information if no agent, indicate in this box			
<120>	Name (First, MI, Last, Suffix)			
<121>	Company			
<122>	Street Address (or PO Box)			
<123>	City			
<124>	State			
<125>	Zip-Code			
<126>	Telephone Number			
<127>	Fax Number			
<128>	Email Address			
	gentacionistició			

(060) Co	overage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	268014	

<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2013 - 12/2013	

	Construction Status.zip
Electronic Shapefiles attachments	
	Name of Attached Document (.zip)
Drive Test Results attachments	
	Name of Attached Document (.zip)
Scattered Site Test Results attachments	
Scattered Site Test Results attachments	
	Name of Attached Document (.zip)

<61> <c2> <c3> <d> <e>. <f> <141> Certify Certify that that Drive Electron Test Total Road Road Result Miles per Road Miles Shapefil s are Certify that Total Resident Miles Census upload Scattered Resident covered es are Population Population Block uploade ed Site Tests are Resident per per uploaded Population per **Newly Reached** Reached by Census Newly Census (yes/n State County Census Block Census Block by Service Service Block Reached Block (yes/no) o) (yes/no) -- \$ee attached worksheet

ì	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	268014
<015>	Study Area Name	Bast Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of 0	fficer or Employee as to Compliance with 47 CFR §54.1009(a)(4)
	ier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can l	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

authorized agent; and, to the best of my knowledge, the reports and data provided to t	onsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the the authorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	
Name of Reporting Carrier: East Kentucky Network, LLC	
Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 07/18/2014
Printed name of Authorized Officer or Employee: Michael Huffman	
Title or position of Authorized Officer or Employee: Financial Operations Directo	or .
Telephone number of Authorized Officer or Employee: 6068747550 ext.164	
Study Area Code of Reporting Carrier: 268014 Filing	g Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	ted to File Compliance with 47 CFR §54.10	,05(a)	(4) On Benan Of Kep	or ung carrier
I, as agent for the reporting carrier, certify that I am author	ized to submit the certification on behalf of the	reporti	ing carrier; I have provi	ded the data reported herein based o
data provided by the reporting carrier; and, to the best of r	ny knowledge, the information reported herein i	s accur	rate.	
Name of Reporting Carrier:	East Kentucky Network, LLC			
Name of Authorized Agent or Employee of Agent:	Todd Slamowitz			
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE			Date: 07/18/2014
Printed name of Authorized Agent or Employee of Agent:	Todd Slamowitz			
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel			
Telephone number of Authorized Agent or Employee of Age	nt: 7035848678 ext.			
Study Area Code of Reporting Carrier: 268014	Filing Due Date for this f	orm:	07/31/2014	
Title or position of Authorized Agent or Employee of Agent Telephone number of Authorized Agent or Employee of Age	FCC Legal Counsel nt: 7035848678 ext.	orm:	07/31/2014	

(080) Triba	al Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185 Page 5 of 8
100 PS 114 Bar	THE PARTY OF THE P	four-of-lines, and		rage 3 Ur o
<010>	Study Area Code		268014	
<015>	Study Area Name Program Year		East Kentucky Network, LL	c
<030>	Contact Name - Person USAC should contact regarding	this data	2014 Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identif			
<039>	Contact Email Address - Email Address of person identi	fied in data line	<030> tslamowitz@fcclaw.com	
<142>	State			<u>-</u>
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attache	ed Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the government pursuant to § 54.1004 includes:	the attached		
<146>	Needs assessment and deployment planning with a fo community anchor institutions;	cus on Tribal	Select (Yes,No, NA)	
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
			——	
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processe	es		

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project Update Information

FCC Form 690

Approved by OMB

OM8 Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	268014
<015>	Study Area Name	Bast Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/18/2015
<202>	Total Mobility Fund Support Awarded	347805.9
<203>	Total Mobility Fund Support Disbursed	115935.3
<204>	Support Applied to Network Design	778.43
<205>	Support Applied to Construction	435616.59
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	1201.5
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	⊙ ○
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	\circ
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_KY.pdf
		(Name of PDF attached)
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	✓

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
1997年11月7日的城市中华大学的中华,1997年11月1日,1997年11月1日,1997年11月1日,1997年11月7日,1997年11月1日,1997年11月1日,1997年11月1日,1997年11月1日,1	OMB Control No. 3060-1185
是一种情况,他们也是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	Page 7 of 8

<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilitie best of my knowledge, the information reported on this form and in a	s include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
The state of the s	Page 8 of 8

<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) Todd Slamowitz also certify that I am an officer of the reporting carrier; my responsibilities agent; and, to the best of my knowledge, the reports and data provided to	is authorized to submit the information reported on behalf of the reporting carrier. Include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	
Name of Reporting Carrier: East Kentucky Network, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/18/2014
Printed name of Authorized Officer: Michael Huffman	
Title or position of Authorized Officer: Financial Operations Director	
Telephone number of Authorized Officer: 6068747550 ext.164	
Study Area Code of Reporting Carrier: 268014	Filing Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobilit	y Fund Recipients on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobil reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the	경기를 하면 하는 것이 되었다. 이 사람들은 기업에는 경기에 되었다. 경기에 가장 하는 것이 되었다. 그런
Name of Reporting Carrier: East Kentucky Network, LLC	
Name of Authorized Agent or Employee of Agent: Todd Slamowitz	
ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 07/18/2014
rinted name of Authorized Agent or Employee of Agent: Todd Slamowitz	
itle or position of Authorized Agent or Employee of Agent PCC Legal Counsel	
elephone number of Authorized Agent or Employee of Agent: 7035848678 ext.	
tudy Area Code of Reporting Carrier: 268014 Filing Due Date for this f	orm: 07/31/2014

Attachments

Approved by OMB OMB Control No. 3060-118	(060) Coverage and Performance Report	FCC Form 690
OMB Control No. 3060-118		
		OMB Control No. 3060-1185

<010>	Study Area Code	268014
<015>	Study Area Name	Bast Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141> Certify that Certify that Certify that Resident **Total Resident** Road Miles **Total Road** Electronic **Drive Test** Scattered Site per Census Block Newly Road Miles Resident Population Population Miles Shapefiles are Results are Tests are uploaded Reached by Population per **Newly Reached** per Census covered per uploaded uploaded Census Block Census Block by Service Block Reached (yes/no) (yes/no) County Morgan Service Census Block (yes/no) State 0000 KY 0 0.0 Yes

> Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

0

East Kentucky Network, LLC

. . . .

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide advanced wireless broadband service, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 3G service. Specifically, utilizing the 850 MHz, 1900 MHz, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 3G. Further, installation of new cell sites and the overlay of 3G will enable Filer to meet its public interest obligations to provide rural Kentucky citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and has substantially completed construction of its network, and its expenditures to date disclosed in the Form 690 herein includes network design, construction, and maintenance. Filer anticipates that it will deploy the network in the areas associated with this study code by no later than the construction deadline of July 18, 2015.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

East Kentucky Network, LLC. has not yet deployed its network with respect to the SAC associated with this filing. Further, it has not undertaken any drive tests during the reporting period.

17.0012/SE000038	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
	Study Area Code	268015	
<015>	Study Area Name	East Kentucky Network, LLC	ACCEPTED/FILED
<020>	Program Year	2014	THOSE TEOTTICED
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	JUL 23 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill <042> Cite the Study Area Code (SAC) for the Focuments fill <043> Cite the date of the Form 481 reporting	ed with the Form 481 reporting	(check box when complete) (040>
<050>		anged since prior filing? Yes or No) (If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	<u>Urban Rate Comparability Certification</u>	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	$\circ \circ$
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	A TELESCOPERATE SERVICES AND A SERVICE AND A SE	plete attached certification)	<101>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Can	ier Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	268015	
<015>	Study Area Name	East Kentucky Network, LLC	Several and
<020>	Program Year	2014	- LANGUE SAME LES
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com	1 2 17 17
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>	FCC Registration Number		
<111>	Filing Carrier Name		38 2 - 1919 J
<112>	Winning Bidder Carrier Name		Savar - Talan
<113>	Street Address (or PO Box)		
<114>	City		
<115>	State		
	MARKAGE Y		
<116>	Zip-Code Telephone Number	100	
<118>	Fax Number		
<119>	Email Address		
(113)	Email Address		
**	if same as above, indicate in this box		
<120>	Name (First, MI, Last, Suffix)		
<121>	Filing Carrier Name		W restant
<122>	Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code	**************************************	
<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		Contract and street
	Supervision (September 2007)		
Authorize	d Agent Information if no agent, indicate in this box		
<120>	Name (First, MI, Last, Suffix)	A Low Response	Super Survey Survey
<121>	Company	*1	
<122>	Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code	***************************************	
<126>	Telephone Number	ATTENDED TO THE PARTY OF	
<127>	Fax Number	0.00	
<128>	Email Address	0.00	

[060] Co	verage and I	Performance	Report							FCC Form Ap proved OMB Cont Page 3 of	t by OMi trol No.	B 3060-1185
<010>	Study Are	a Code				268015						
<015>	Study Are	ten of				East K	entucky N	Wetwork, L	LC .			
<020>	Program	14				2014						
<030>	Contact N	lame - Perso	n USAC should	contact regarding	g this data	Todd S	lamowitz					
<035>	Contact T	elephone Nu	ımber - Numbe	r of person ident	ified in data line	<030> 703584	8678 ext.	PI				
<039>	Contact E	mail Address	- Email Addres	s of person ident	tified in data line	<030> tslamo	witz@fccl	law.com	- W			- 0
<140>	Coverage	and Perform	nance Report Ye	01/2013	- 12/2013							
		Electro	onic Shapefiles a	attachments		truction Statu						
					Name	of Attached Docu	ment (.zip)					
		Drive	Test Results att	achments								
	Name of Attache						ned Document (.zip)					
		Scatte	red Site Test Re	sults attachmen		of Attached Docur	nent (.zip)					
<141>	415	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<02>	<c3></c3>	<d></d>	<e></e>	<f></f>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electron ic Shapefil es are uploade d (yes/no)	Result s are upload ed (yes/n	Certify that Scattered Site Tests a uploaded (yes/no)
				5	ee attach	ed works	heet					
	-1000										201311	20-300-

Percentage of Total
Population Reached by
Service

Percentage of Total
Road Miles covered
by Service

(070) Urban Rate Comparability Certification Co	mpliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	268015
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of	fficer or Employee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting ca form and in any attachments is accurate.	er; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Todd Slamowitz	is authorized to submit the information reported on behalf of the reportir
	g carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to t
uthorized agent; and, to the best of my knowledge, the reports and ame of Authorized Agent: Todd Slamowitz	data provided to the authorized agent is accurate.
ame of Authorized Agent: Todd Slamowitz ame of Reporting Carrier: Bast Kentucky Netw	ork. LLC
gnature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 07/18/2014
rinted name of Authorized Officer or Employee: Michael Huffm	in .
itle or position of Authorized Officer or Employee: Financial Op	erations Director
elephone number of Authorized Officer or Employee: 6068747550	ext.164
tudy Area Code of Reporting Carrier: 268015	Filing Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	ized to File Compliance with 47 CFR §54.10	09(a)(4) on Benait of Reporting Carrier
I, as agent for the reporting carrier, certify that I am autho	rized to submit the certification on behalf of the	reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of	my knowledge, the information reported herein is	s accurate.
Name of Reporting Carrier:	East Kentucky Network, LLC	
Name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 07/18/2014
Printed name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
Telephone number of Authorized Agent or Employee of Age	ent: 7035848678 ext.	
Study Area Code of Reporting Carrier: 268015	Filing Due Date for this f	form: 07/31/2014

	el Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		268015	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding		Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif	fied in data line <	<030> tslamowitz@fcclaw.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,Neach of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the Topovernment pursuant to § 54.1004 includes:	the attached		
<146>	Needs assessment and deployment planning with a foo community anchor institutions;	cus on Tribal	Select (Yes,No, NA)	
		cus on Tribal	5500000	
:147>	community anchor institutions; Feasibility and sustainability planning;	cus on Tribal	5500000	
<147> <148>	community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	cus on Tribal	5500000	
<147> <148> <149>	community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	cus on Tribal	5500000	
:147>	community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	cus on Tribal	5500000	
147> 148> 149> 150>	community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	cus on Tribal	5500000	
:147> :148> :149>	community anchor institutions; Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	cus on Tribal	5500000	

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project Update Information				FCC Form 690	
				Approved by OMB	
				OMB Control No. 3060-1185	
				Page 6 of 8	
<010>	Study Area Code	2680	15		_
<015>	Study Area Name	East	Kentuc	ky Network, LLC	
<020>	Program Year	2014			_
<030>	Contact Name - Person USAC should contact regarding this data	_	Slamow		
<035>	Contact Telephone Number - Number of person identified in data line <030>	_	848678		_
<039>	Contact Email Address - Email Address of person identified in data line <030>	tsla	mowitze	efcclaw.com	_
<200>	Date Authorized to Receive Support	-	07/18/2	2013	
<201>	Targeted Completion Date		07/18/2	2015	
<202>	Total Mobility Fund Support Awarded		267904.	.0	
<203>	Total Mobility Fund Support Disbursed		89301.3	33	
<204>	Support Applied to Network Design		269899.	.45	
<205>	Support Applied to Construction				
<206>	Support Applied to Deployment		8927.16		
<207>	Support Applied to Maintenance				
<208>	Certify Network will Support 3G Mobile Service (Yes / No)		0	0	
<209>	Certify Network will Support 4G Mobile Service (Yes / No)		O	•	
<210>	Actual Completion Date				
<211>	Project Status Description (attached)			o_KY.pdf of PDF attached}	
×2125	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	_			
<212> <213>	Status of Network Deployment - Network Design Status of Network Deployment - Construction	\vdash	1	-	
<213>	Status of Network Deployment - Construction Status of Network Deployment - Deployment	\vdash	-	-1	
<215>	Status of Network Deployment - Maintenance	\vdash	7	1	
<216>	Project Budget Status	\vdash	7	1	
<217>	Project Plan Status		1	1	